

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/030735 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1		1		
4		1		1		
5		1		1		
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
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42		1				
43		1				
44	1					
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	33					
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS